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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/753,077	
Filing Date	March 12, 2001	//°78
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Group Art Unit	1711	920
Examiner Name	J. Mullis	Up 103
Attorney Docket Number	11302-1050 (44040-251	536)

To: Commissioner for Patents								
PO Box 1450 Alexandria, VA 22313-1450								
I hereby apply to withdraw as attorney or agent for the above identified application.								
The reasons	for this reque	est are: Conflict of Interest						
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 ☑ This request is made on behalf of myself and ☐ all the attorneys/agents of record, ☑ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☐ the attorneys/agents associated with Customer Number ☐ This request is enclosed in triplicate (including any attachments). 								
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Signature (Cales Ray)								
Date 7-3-03								
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response or possible extension period, the request to withdraw is normally disapproved.

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